



Registration Form

Mail to: Sterling Recreation Department
Re: Flag Football Program
1 Park Street
Sterling, MA 01564

Player Information

Player Name: _____ Gender: Male/Female (circle)

Address: _____ Town: _____ Phone: _____

Date of Birth: _____ Grade (Current): _____ E-mail: _____

Division I
K -2nd Grade Coed

Division II
3rd-6th Grade Coed

Please indicate any limitations (e.g., allergies, hearing, sight, etc.): _____

Parent Information

Father's Name: _____ Mother's Name: _____

Leagues are possible with the support of parents who volunteer their time. I'm interested in:

Coaching / Division Coordinator / Committee Member

Parents Approval and Medical Release

Waiver In consideration of this application, I or my child hereby release, discharge and/or indemnify the Recreation Director, Recreation Committee, Staff, and/or Volunteers, the Town of Sterling and its' elected officials of any liability related to the operation of this program. I hereby give my consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. It is possible that pictures will be taken during classes. I agree that pictures taken during program hours could potentially be used for promotional purpose. I understand that all participants of the Recreation programs will be respectful of anyone employed by or contracted by the Recreation Department when participating in Recreation sponsored programs. I understand that the Recreation Department will not be responsible for any or all personal items brought to any Recreation Dept. sponsored programs. I understand when I or a designated person signs my child out from a Recreation sponsored program, the responsibility of my child and his/her belongings are my sole responsibility

Signature of Parent/Guardian: _____

Emergency Contact

Name: _____ Telephone #: _____

League Fees

\$50/child (\$110 family cap)

SELECT SIZE → Jersey Size: S M L XL

Checks should be made payable to: Town of Sterling

There is a \$20 LATE FEE if the application is received after 4/1

For more information, contact Amy Davis: amvmikelonis@hotmail.com or 978-790-6045